STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		FCL011032	B. WING		06/	03/2016
		1				03/2016
NAME OF I	PROVIDER OR SUPPLIER		JORESS, CITY, S INGHAM RO	STATE, ZIP CODE		
MOUNTA	AIN VALLEY RETIREM	MENT HOME	RDSVILLE, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF O (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Glenn He	oppin				
	DHSR Construction Section conducted a Biennial Survey on June 03, 2016 from 9:30 AM to 10:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on November 12, 1990 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 1984 Rules 10A NCAC 13G for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1978 North Carolina State Building Code - Section 409.1 (g) - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:					
C 174	Building Equipmen SECTION .0300 -	t Maintained Safe, Operating THE BUILDING	C 174			
	EQUIPMENT (a) The building a mechanical, and pl care home shall be operating condition	apply to new and existing				
	Observations re- cabinets are dama- qualified technician	et as evidenced by: vealed that the kitchen ged and need repair. Have a n repair or replace any . Provide copies of invoices				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
		FCL01103	2	B. WING		06/	03/2016
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MOUNTA	AIN VALLEY RETIREM	ENT HOME		NGHAM ROA DSVILLE, NO			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 174	and photo documer Construction Section 2. Observations revitops are split and detechnician repair or tops. Provide copie documentaion to the when this is completed. 3. Observations revirusted and the filter grease into the fance repair or replace the invoices and photo Construction Section 4. Observations revisions revisions revisions for the copies of indocumentation to the when this is completed. 5. Observations revivery dirty. Clean the photo documentation section when this is 6. Observations revice the photo documentation is decirally at the edgualified technician copies of invoices at the DHSR Construction in the complete. 7. Observations revice the complete.	ntation to the DH on when this is converted that the killed that the replace the dame of invoices and the end of the hood. Provide documentation to the the property of the end of the hood that the flating up next to the repair or replace that the flating up next to the repair or replace that the late laundry room. The DHSR Constructes and photon to the DHSR constructes are laundry room. The end of the half ges and needs repair the ceiling and photon documentation when the ceiling the end of the half ges and needs repair the ceiling and photon documentation section wherealed a heavy like the end of the half ges and needs repair the ceiling and photon documentation section wherealed a heavy like the end of the half ges and needs repair the ceiling and photon documentation section wherealed a heavy like the end of the half ges and needs repair the ceiling and photon documentation section wherealed a heavy like the end of the half ges and needs repair the ceiling and photon documentation section wherealed a heavy like the end of the half ges and needs repair the ceiling and photon documentation section wherealed a heavy like the end of the half ges and needs repair the ceiling and photon documentation wherealed a heavy like the end of the half ges and needs repair the ceiling and photon documentation the	tchen counter ve a qualified raged counter d photo uction Section ange hood is allowing d technician copies of to the DHSR complete. Foor in the rest tub. Have a set the floor. The troude construction section and the right epair. Have a g. Provide rentation to en this is	C 174			
	behind the dryer. Have a qualified technician check the dryer vent for leaks and clean all lint						

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			
		FCL011032	B. WING		06/	03/2016
	PROVIDER OR SUPPLIER	IENT HOME 630 DI	ADDRESS, CITY, S LLINGHAM ROA ARDSVILLE, NO	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 174	from behind the wa of invoices and photo DHSR Construction complete. 8. Observations revinot work. Have a creplace the exit signand photo document Construction Section 9. Observations revigits in the hallway qualified technician emergency lights. Exphoto documentation Section when this is 10. Observations renot work. Have a creplace the night light invoices and photo Construction Section 11. Observations refront porch and sevexterior of the facility paint any affected a invoices and photo Construction Section 12. Observations rethe gutters. Remove gutters. Provide photo Construction Section 13. Observations rethe gutters. Provide photo Construction Section 14. Observations rethe gutters. Provide photo Construction Section 15. Observations rethe gutters. Provide photo Construction Section 16. Observations rethe gutters. Provide photo Construction Section 17. Observations rethe gutters. Provide photo Construction Section 18. Observations rethered the publication of the butter 18. Observations rethered the publication of the publ	sher and dryer. Provide copieto documentation to the a Section when this is realed that the exit signs do qualified technician repair or ans. Provide copies of invoice attain to the DHSR on when this is complete. The documentation to the decomplete of the provide copies of invoices are pair or replace the provide copies of invoices are not the DHSR Construction.	es d lo			

6899

Division of Health Service Regulation
STATE FORM

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		FCL011032		B. WING		06/0	3/2016
NAME OF PROVIDER OR SUPPLIER STREET ADI				STATE, ZIP CODE			
I MOLINTAIN VALLEY RETIREMENT HOME			NGHAM ROA DSVILLE, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE! 'MUST BE PRECEDE! SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 174	repair or replace the invoices and photo Construction Section 14. Observations regrowing on the walls Prune all vegetation that is attached to the documentation to the when this is completed 15. Observations refront and rear of the technician repair or 16. Observations reforted and repair or 16. Observations reduction of the debris stored facility. Remove all and dispose of proposition of the when this is completed 17. Observation reduction repair or Provide copies of in documentation to the when this is completed 18. In client bedroof blocking the window can be the event of a fire ophoto documentation Section when this is 19. Observations redetectors did not applied to the section when this is 19. Observations redetectors did not applied to the section when this is 19. Observations redetectors did not applied to the section when this is 19. Observations redetectors did not applied to the section when this is 19. Observations redetectors did not applied to the section when this is 19. Observations redetectors did not applied to the section when this is 19. Observations redetectors did not applied to the section when this is 19. Observations redetectors did not applied to the section when this is 19. Observations redetectors did not applied to the section when this is 19. Observations redetectors did not applied to the section when the section w	e lights. Provide documentation to an when this is conversed over grows of the exterior of and remove any he facility. Provide the DHSR Constructe. Evealed gutter day a replace the right outside the right unused items, true of the DHSR Constructe. Evealed that the converse and photomer of the constructer of the constructer. The provide photomer of the converse and photomer of the constructer. The provide photomer of the converse of the constructer. The provide photomer of the converse of the constructer. The provide photomer of the converse of the constructer. The provide photomer of the converse of the constructer. The provide photomer of the converse of the	o the DHSR amplete. In vegetation of the facility. It is vegetation de photo action section and side of the ash or debris oto action Section arawl space a qualified al space door. Outlier of the facility o	C 174	DEI TOILING!		
	detectors did not ap condition. Have a coperation of the fire	qualified technicia	an verify the				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		D 14/10				
		FCL011032	B. WING		06/0	03/2016
NAME OF I	PROVIDER OR SUPPLIER	STREE	ADDRESS, CITY,	STATE, ZIP CODE		
MOUNTA	AIN VALLEY RETIREM	IENI HOME	LLINGHAM RO ARDSVILLE, N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 4	C 174			
	section with a copy	the DHSR Construction of a complete fire alarm om a licensed fire alarm				
	20. Observations revealed that in several client bedrooms the battery operated smoke detectors had dead batteries or did not work. Have a qualified technician repair or replace the smoke detectors and replace all batteries. Provide the DHSR Construction Section with copies of work orders or invoices when this is completed.					
C 123	Outside Entrances/	Exits	C 123			
	a. All floor levels me there are only two, from each other as b. At least one entreminimum clear width must be a minimum eight inches. c. At least two outs residents' floor level accessible by ramp inches of length of entrances/exits, the remote from each of (The requirement for ground level applies one resident who negetting up or down d. All exit door lock	res/Exits (10 NCAC 42C) rust have at least two exits. The exits must be as remote reasonably possible. rance/exit door must be a sth of three feet and another in clear width of two feet and side entrances/exits for the stimust be at ground level or with a 1 inch rise for each of the ramp. If there are only the entrances/exits must be as other as reasonably possible or the ramp at exits not at its to homes which have at leeds personal assistance in	2 wo ast			

6899

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL011032	B. WING		06/	03/2016
	PROVIDER OR SUPPLIER	IENT HOME 630 DIL	ADDRESS, CITY, S LINGHAM RO RDSVILLE, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
C 123	e. All entrances/ex obstructions or imp instant use in case f. All steps, porche provided with hand. This Rule is not me Observations revealeft side of the facili qualified technician ramp. Provide copi	it must be free of all ediments to allow for full of fire or other emergency. s, stoops and ramps must be rails and guardrails. et as evidenced by: aled that the exit ramp on the ty has no handrails. Have a install handrails on the exit ies of invoices and photo ne DHSR Construction Sectio				

6899

Division of Health Service Regulation STATE FORM